

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted NIST/ATP		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 700NANB1H3050		CMS Approval No. 0348-0039	Page of 1 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Computer Aided Surgery, LLC 300 E. 33rd St., New York, New York 10018					
4. Employer Identification Number 27-0050010	5. Recipient Account Number or Identifying Number 131 058 299 685	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 10/1/2001		To: (Month, Day, Year) 3/31/2003	8. Period Covered by this Report From: (Month, Day, Year) 1/1/2003	To: (Month, Day, Year) 3/31/2003	
10. Transactions:		Previously Reported	This Period	Cumulative	
a. Total outlays		1,052,000.00	120,000.00	1,172,000.00	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		1,052,000.00	120,000.00	1,172,000.00	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f or g				0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00	
j. Federal share of net outlays (line d minus line i)		1,052,000.00	120,000.00	1,172,000.00	
k. Total undisbursed obligations					
l. Recipient's share of undisbursed obligations				0.00	
m. Federal share of undisbursed obligations				0.00	
n. Total Federal share (sum of lines j and m)		1,052,000.00	120,000.00	1,172,000.00	
o. Total Federal funds authorized for the funding period		1,052,000.00	120,000.00	1,172,000.00	
p. Undisbursed balance of Federal funds (Line o minus line n)				0.00	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above				0.00	
r. Disbursed program income using the addition alternative				0.00	
s. Undisbursed program income				0.00	
t. Total program income realized (Sum of lines q, r and s)				0.00	
11. Indirect Expenses	a. Type of Rate (Place 'X' in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed				
	b. Rate N/A	c. Basis	d. Total Amount	e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.					
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and undisbursed obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Dr. D. B. Karron, President			Telephone (Area code, number and extension) 212-586-8748		
Signature of Authorized Certifying Official <i>D. B. Karron (Ph.D.)</i>			Date Report Submitted August 13, 2003		

Previous Edition Usable

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Standard Form 289 (Rev. 7-97)

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Prescribed by GSA Circulars A-102 and A-110

